

Viral and Rickettsial Disease Specimen Submittal Form for Influenza or other Respiratory Illnesses

- ☐ Please use 1 form per patient
- ☐ Each specimen should be labeled with date of collection, specimen type, and patient name.
- ☐ Specimens should be sent cold using an overnight courier
- ☐ Send to State Laboratory: **Specimen Receiving/Influenza Surveillance**
850 Marina Bay Parkway
Richmond, CA 94804
- ☐ **Please do not send specimens on a Friday.** Refrigerate over the weekend & send on Monday.

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			Patient's mailing address (including Zip code)		Route to: <input type="checkbox"/> SERO <input type="checkbox"/> ISOL <input type="checkbox"/> FA <input type="checkbox"/> PCR <input type="checkbox"/> _____
Age <u>or</u> DOB:	Sex (circle): M F	Onset Date:	County _____		
Disease suspected <u>or</u> test requested: Influenza and Other Respiratory Viruses			This section for Virus Laboratory use only. Date received by VRDL and State Accession Number		
1 st	Specimen type and/or specimen source	Date Collected			
2 nd	Specimen type and/or specimen source	Date Collected			2 nd
Was this specimen tested by rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, rapid test result was: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Was rapid antigen test provided by the Sentinel Provider Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please provide clinical findings and/or pertinent laboratory data: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">[] fever to _____ F</div> <div style="width: 50%;">[] malaise</div> <div style="width: 50%;">[] lymphadenopathy</div> <div style="width: 50%;">[] bronchiolitis / bronchitis</div> <div style="width: 50%;">[] chills</div> <div style="width: 50%;">[] headache</div> <div style="width: 50%;">[] croup</div> <div style="width: 50%;">[] pharyngitis</div> <div style="width: 50%;">[] generalized aches</div> <div style="width: 50%;">[] cough</div> <div style="width: 50%;">[] pneumonia</div> <div style="width: 50%;">[] ARDS</div> </div> Other: Did patient travel within the last 10 days before onset of symptoms? If yes, where _____ FLU VACCINE THIS SEASON? [] YES [] NO					

*****Please note that reporting of culture results back to you may require 14 days or more. Viral culture requires at least 14 days of incubation before negative results can be reported. Positive cultures may be reported within several days to ≥14 days of incubation.*****

Questions? Call Erica Boston at (510) 307-8503

Submitter: Phone: (_____) _____ Fax: (_____) _____

	Carol Glaser, DVM, MD, Chief Viral and Rickettsial Disease Laboratory Division of Communicable Diseases California Department of Health Services 850 Marina Bay Parkway Richmond, CA 94804 phone (510) 307-8585 fax (510) 307-8578
--	---

Submitter – Please enter print or type your complete mailing address in the box above